



## RECREATION & SENIOR SERVICES DEPARTMENT RESERVATION REQUEST- CIVIC CENTER COMMUNITY ROOM

This reservation contract is issued in accordance with the policies established by the City Council, Parks, Beaches & Recreation Commission, and the Recreation & Senior Services Director. Please add any necessary additional information. All reservation forms must be signed and returned along with fees and deposits before consideration of use approval. **SUBMISSION OF RESERVATION REQUEST DOES NOT CONSTITUTE APPROVAL.** Facility Reservations require a minimum of 10 working days to be processed. Please read the *Facility Use Regulations* before completing this form.

Reservation Issued To: \_\_\_\_\_

Organization: \_\_\_\_\_ President/Chairperson: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**RESERVATION DATE:** \_\_\_\_\_ **DAY OF WEEK:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**NOTE: At this time there are no recurring rentals available**

*Please include time for set up and clean up*

Room Name / Number: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Please list any planned activities: \_\_\_\_\_

Will there be amplified sound? Yes / No If yes, please describe: \_\_\_\_\_

Bounce House or Gymnastics Groups? Yes / No Company Name: \_\_\_\_\_

*Please note that the City of Newport Beach requires any provider of bounce houses, play structures, gymnastics activities, bungee jumps, or similar play activities must have current certified insurance documents on file with the Recreation & Senior Services Department. No park use permit will be issued for such activities until the insurance requirement is met. Train rides, pony rides, and petting zoos are NOT PERMITTED. Bounce houses are not permitted indoors.*

Estimated Attendance: \_\_\_\_\_ % of Participants who live in Newport Beach: \_\_\_\_\_ Open to Public? \_\_\_\_\_

Will the facility be used for raising money? Yes / No If yes, what will the net proceeds be used for? \_\_\_\_\_

Will a catering service be used? Yes / No **(Note: Rentals must use sole onsite caterer for all food and beverages in the Civic Center**

**Community Room. No exceptions. Please contact 24 Carrots at 800-717-1545 or [www.24carrots.com](http://www.24carrots.com)**

**Are you serving alcohol? Yes / No Are you selling alcohol? Yes / No**

Method of Payment: [ ] Cash [ ] Check [ ] Credit Card

I, the undersigned, on behalf of the above named organization, do hereby agree to indemnify and hold harmless the Director of the Recreation and Senior Services Department, its personnel, the City of Newport Beach, and any of their officers, agents or employees from any liability or claim or action for damages resulting from or in any way arising out of the use of the facility or equipment and will agree to abide and enforce the Rules, Regulations and Policies governing the facility as set forth by the City Council, Parks, Beaches and Recreation Commission and Recreation & Senior Services Department. Said organization will accept all responsibility for any damage to premises, furniture, equipment or grounds resulting from use of facility. **IN THE EVENT OF FACILITY CANCELLATION BY THE GROUP/PERSONS, A MINIMUM SERVICE FEE WILL BE CHARGED. IF THE INITIAL PAYMENT WAS MADE BY CHECK, A PHOTO COPY OF THE CANCELLED CHECK IS REQUIRED BY THE RECREATION & SENIOR SERVICES DEPARTMENT IN ORDER TO PROCESS A REFUND.**

I, the undersigned, have read the above statements and the Facility Use Regulations form, and understand them fully.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*PAYMENT INFORMATION\*

**Fee Required - Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**AMOUNT**

Room Fee: \_\_\_\_\_ \$ \_\_\_\_\_

Administrative Fee (\$5): \_\_\_\_\_ \$ 5 \_\_\_\_\_

Security Guards (Only for parties w/ alcohol, \$34 per hour, min. 4 hrs.): \_\_\_\_\_ \$ \_\_\_\_\_

Rec Leader (\$25 per hour for more than 100 people in attendance): \_\_\_\_\_ \$ \_\_\_\_\_

Other fees or charges: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FEES:** \$ \_\_\_\_\_

**SECURITY DEPOSIT (on file) \$ \_\_\_\_\_ Check ☐ Credit Card ☐ # \_\_\_\_\_ Exp. Date \_\_\_\_\_**